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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCV right upper extremity

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This case was reviewed by a Board Certified Orthopedic Surgeon with over 18 years of experience.

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Overturned (Disagree)
Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was injured while at her job at XX on XX/XX/XX. She inverted her right shoulder, causing immediate right shoulder and clavicular pain with limited ROM.

XX/XX/XX: Patient Visit Report. **HPI:** Patient is a female who presents with the following complaint.1. Injury, LCM WC, right side collar bone area pain. Onset/timing x3days. Complains of fatigue, body aches, and malaise. **Physical Exam:** Palpations/motion/stability/strength abnormal. Right lateral clavicle is tender to touch with swollen area and limited ROM of right arm due to pain. **Impression/Plan:** The patient was diagnosed with 840.0 Acromioclavicular (joint) (ligament) sprain.

XX/XX/XX: MRI right shoulder 2 views. **Impression:** Normal right clavicle.

XX/XX/XX: Office Visit. **HPI:** Pt presents with shoulder pain. Pain is described as being located in the right shoulder. She states she hit her shoulder hard against the wall. She works with XX. She was pushed into a XX injuring her right shoulder. She points to the lateral deltoid area as the area that contacted XX. She states that she fell very hard into XX. Radiographs have been obtained at XX and were reviewed on the PACS. These are two views of the right lateral clavicle and shoulder with an AP in the plane of the body both in internal and external rotation. There is a metal artifact overlying the humeral head area but otherwise, there are no remarkable acute findings. Allergies: ASPIRIN *Analgesics- NonNarcotic* Anaphylaxis, Penicillins. **Physical Exam:** Left upper extremity: No tenderness or instability, full ROM, good strength and tone. Right upper extremity: She is tender over a firm fullness that she calls a knot on the lateral superior distal clavicle. There are no skin changes over that area. The AC joint is mildly tender but she is not tender about the lateral deltoid or acromion itself. She points to an area of fullness in the axilla anteriorly but there is not fluctuance there. The skin, motor, sensory and vascular examinations are intact. Her active motion of the right shoulder is 90° forward flexion, passive motion to 110° and she is moderately restricted in internal and external rotation and adduction is also uncomfortable. Her elbow

motion is restricted to -50° from full extension and 120° of flexion; pronosupination is not restricted as is no restriction of wrist digital motion.

XX/XX/XX: Initial Evaluation. **ROM:** Right Shoulder: Flexion: 70° Extension 53°, Abduction 60°, Adduction 0°. **Assessment:** Patient demonstrates decreased ROM, decreased strength and increased pain.

XX/XX/XX: Office Visit. **HPI:** She has had continued symptoms in the shoulder despite use of a sling and home exercises. Her shoulder got stiff initially, but now she has worked on home exercises and improved her ROM to full in her shoulder. She is still complaining of some forearm pain and pain in the thumb aspect. She has some stiffness in her neck with right and left rotation. **Discussion:** The patient is doing quite well at regaining almost all of her right shoulder motion with minimal symptoms; however, she is having a radiating electric sensation from the antecubital fossa down into eh right thumb. It is worse when there is any palpation over the antecubital area, almost as if it is a neurological radicular type pain. I am concerned about neuropraxia. It has been over 3 months since her original injury. I think the shoulder is coming along and does not need to be addressed at this time, but electrodiagnostic testing of the distal right upper extremity is recommended and a consultation will be arranged with XX for that purpose.

XX/XX/XX: UR. **Rationale for Denial:** This lady struck her right shoulder on the wall on XX/XX/XX per the X/X/XX office note. She has not been able to sleep on the shoulder. She reports numbness to the shoulder. She reports numbness to the right forearm and right thumb. She has full ROM of the right shoulder. Please note that XX/XX/XX office note reported she was pushed into a roll up mat contacting the lateral shoulder. The physical exam lacks a thorough assessment of strength, reflexes, sensation or provocative tests. Further basic assessment in physical exam would appear warranted. I spoke with XX. He stated that the patient had not been seen for over 2 months. I asked about the neurological exam specifics and he was not able to define what the actual nerve entrapment findings were. Thus, the need to proceed with an EMG/NCV when the basic neurological exam is incomplete is not established.

XX/XX/XX: Office Visit. **HPI:** Patient still denied the necessary evaluation with electromyographic and nerve conduction velocity consultation. I informed the peer reviewer that the 2.5 month delay was on the part of the insurance company and that my patient had an unusual constellation of neurologic symptoms consistent with either a brachial plexopathy or a peripheral neuropathy or an RSD/sympathetically mediated pain syndrome. In continued to recommend and advocate that she be evaluated and he continued to insist that she required a new evaluation and further neurologic documentation, which easily could have been obtained by the physiatry evaluation and electrodiagnostic testing which ultimately will be necessary. **Physical Examination:** Her right upper extremity has a positive Tinel's at the brachial plexus and the forearm antecubital area volar proximal and volar distal consistent with median nerve symptoms. She has a hyperesthesia throughout the entire volar radial side of her forearm and hypoesthesia as stated in the thumb and index finger. And, to a lesser extent in the middle finger. She is weak 4/5 on extensor policis longus and lesser finger extensors but is strong in grip and intrinsic muscle function. **Plan:** The patient has need for further evaluation for the conditions that I previously opined about.

XX/XX/XX: Nursing Notes. **Chief Complaint:** Presenting with complaints of pain from the elbow down on my right arm. **Assessment:** Ambulatory into triage with steady gait, holding arm in her lap and not moving it. Appears to be in no apparent distress. Complains of pain in right antecubital area, dorsal aspect of right forearm, right wrist, right hand, right elbow and palmar aspect of right forearm. Pain currently is 7/10. ROM limited in right elbow and right wrist. **Outcome:** No meds given. Discharged to home ambulatory. Referred to primary care provider.

XX/XX/XX: Office Visit. **HPI:** The patient comes in again frustrated and worsening with dysesthetic sensations. She is having skin changes with blanching of the forearm and hand, all consistent with sympathetic dystrophy, which we had previously diagnosed. She is in a suspended state of hold awaiting a decision to allow her to have electrodiagnostic consultation and see the appropriate specialist for her right upper extremity posttraumatic condition. **Plan:** I do not have any further good answers for her and I will continue to assist her in her administrative matter trying to seek the appropriate care for her right upper extremity WC injury.

XX/XX/XX: UR. **Rationale for Denial:** The claimant does present with physical exam findings that could be interpreted as several different conditions affecting the right upper extremity. In this case, NCS testing would offer additional information that would help delineate treatment options. The claimant is at a standstill in regards to treatment options without definitive NCS testing. However, the claimant does not present with any type of radicular findings and there are no prior MRI studies of the cervical spine noting potential contributing nerve root findings that would support EMG testing. Given the claimant's reported symptoms and physical findings, EMG studies for the right upper extremity would offer little additional information as compared to cost. Therefore, without a peer-to-peer discussion this reviewer cannot recommend certification for the request as submitted.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for EMG/NC study is approved. This patient originally presented with a right shoulder injury. She now has pain below the right elbow. Her physical examination demonstrates a positive Tinel's sign in the volar forearm, indicating possible median nerve compression. She also has weakness in her EPL, consistent with possible compression of the radial nerve. The patient has areas of hypoesthesia and hyperesthesia in the radial nerve distribution. The physical examination is confusing. It is unclear whether this patient suffers from nerve compression or complex regional pain syndrome. The EMG/NC study can determine this patient's diagnosis. Once the diagnosis is confirmed by electrodiagnostic testing, the patient can receive an appropriate course of treatment.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☐ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**